

# **Youth for Each Other Programme: Rapid Impact Assessment**

**Nepal Red Cross Society  
Junior/Youth Department  
HIV/AIDS Prevention Programme**

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## **Executive Summary**

### **A. Introduction**

A rapid impact assessment was conducted among the youth of Thimi Municipality and Balkot Village Development Committee (VDC) of Bhaktapur District. The aims of the assessment were to document the project implementation process and to assess the result of the Youth for Each Other Project (YEOP) in terms of improving knowledge and attitudes of youth and their ability to access the health services for early treatment of STIs.

YEOP is a joint initiative of CEDPA/Nepal and the Nepal Red Cross Society to curb the spread of HIV/AIDS and STIs among the youth of Nepal. A participatory approach and youth-led project implementation are the prime elements of the project. While contributing to the capacity building of the youth, the six-month project was also designed to increase the knowledge and improve attitudes of the youth, bringing lasting benefits to the fight to prevent HIV/AIDS. Essentially, its goal is to provide the means and capacity to change the risky behaviour of the youth.

Behaviour change is a complex process determined by various factors such as knowledge, supportive environment, access to health services and condoms, peer support and ability to utilise the available services. The new national strategy for HIV/AIDS also underscored the need of a programme targeted to youth. Keeping in mind the increasing trend of HIV infection in Nepal, particularly among youth, and the national strategic emphasis for youth-centred programming, the YEOP intervention is particularly appropriate. Further, the advantage of Nepal Red Cross Society as an implementing partner is rooted in the organization's ability to mobilise local people and volunteers for the project activities.

### **B. Knowledge, Attitudes and Behaviour**

The project inputs, ranging from training to micro-planning, have contributed to the learning process of youth. They are now confident to share HIV/AIDS information openly among themselves and in the community. Since YEOP began, condom distribution has increased and the community has accepted condom promotion activities. Many misconceptions related to HIV/AIDS and reproductive health (e.g. wet dream, skin disease as a STI, masturbation causing anxiety and fear) prevailing during the baseline study have now been clarified. Likewise, when compared with the baseline study, knowledge on risk behaviour, particularly the linkage between STIs and HIV/AIDS, has improved.

Despite initial resistance from the community, acceptance of discussion about condoms and HIV/AIDS and STIs in the project area has increased. This positive social change is expected to promote safer sexual behaviour among the youth. There is still a certain degree of complacency, however the community has now acknowledged the existence of

the problem in their area – although some people still associate HIV/AIDS and STIs with “outsiders”. Clearly youth, the foci of the project, now feel “confident and safe.” To retain this feeling, supportive activities need to be maintained for some time.

### **C. Utilisation of Health Services**

Also visible in this community is the typical health-seeking behaviour of Nepali society, which is characterised by low utilisation of formal health facilities and reliance on traditional and informal health care providers. Utilisation of formal health care is obviously determined by several factors such as socio-economic factors, culture and tradition, and the quality of care. Balkot and Thimi are no exception, despite proximity to the capital, Kathmandu. No indication of a shift was found in the existing health service utilisation pattern. However, there is perceived improvement in the health-seeking behaviour among youth, particularly with regard to the practice of self-medication. Building linkages with other health and development services and improving the quality of care have received inadequate attention in the project.

### **D. Project Management Approach**

With the catalytic injection of training, technical guidance and resources, the youth in the two project areas were able to initiate a number of activities in both group or individual capacities. Despite the project’s short duration of six months, the capacity of the youth appears to have improved markedly, particularly in organising social awareness events such as street drama, condom distribution and one-on-one communication with friends and community members. Some Youth Action Group (YAG) members were not involved in the project activities. Apparently, the time and inputs required to develop the YAG as a viable local institution of youth were inadequate. Despite these gaps, the number of local-level activities organised by the youth reflect their interest and motivation.

YAG members were especially involved in the implementation stage. Only the YAG co-ordinators had the opportunity to participate in most of the training activities, whereas the majority of YAG members did not receive any orientation or training. A joint plan of action for each respective area was developed with the involvement of YAG members, but YAG-specific plans were not developed. In summary, there was a great opportunity and potential to involve all YAG members in a series of events had there been enough time and support. Nonetheless, many of the needs expressed during the “Participatory Baseline Study” have been addressed by the project, particularly increasing knowledge on HIV/AIDS, reproductive health, and improving skills on communication and counselling.

If more time and resources had been available, the YAGs could have developed into a strong institution for youth. Building linkages with other institutions and creating an enabling environment are important factors influencing behaviour change in youth. While the youth were able to create a supportive environment in the community where they live, links with local institutions and involvement of community members in project activity was minimal. The social mobiliser (with support from the Programme Officer) is very crucial in all these processes, who, while motivating and building team spirit within YAG, can also initiate the linkage-building process.

### **E. Gender Relationship**

The gender approach in this project is different from that normally practised in the development discourse. Here, the philosophy is to transform boys—through a series of interactions and capacity building inputs—into responsible males who can take care of themselves and behave responsibly towards women in and outside the family. Girls' direct involvement in the project was not part of the project design. Likewise, project inputs do not specifically focus on gender relationships; therefore, whatever understanding the youth have developed related to gender issues is independent of the project input. At times, youth expressed their desire to learn more about women's reproductive health issues, but apart from question-and-answer session during HIV/AIDS training, the topic did not receive much attention during the project period. While there existed some positive attitude changes regarding women, behaviours and social practices are still gender-biased and women are viewed as weak and less capable than men, and therefore the boys perceived themselves as superior in the family and the society. The impact of project inputs focused on creating gender equality and sensitivity is, therefore, inconclusive.

### **F. Sustainability**

There is great variation in the definition of sustainability among the stakeholders, including the youth. The main understanding of sustainability appears to be related to financial resources and maintaining the operation of the institution. YAG groups would like to see the YAGs develop into either an NGO or Youth Red Cross chapter so that they can diversify the programme and resource base. Among the youth, changes in risky behaviour and confidence in retaining these changes for life can be attributed to the project inputs. Furthermore, an important aspect of sustainability was the changes in attitudes and practices in the community where stigmas surrounding HIV/AIDS were reduced. The youth effort has definitely contributed to increasing the acceptability of discussing HIV/AIDS in the community. The project document is, however, silent in defining a framework of sustainability for project related results.

## **Major Lessons Learned**

### **A. Duration of the Project**

The duration was too short to accomplish the project goals: (1) to build the capacity of youth to communicate their needs regarding information and services for HIV/AIDS and STIs and, (2) to increase their access to HIV/AIDS prevention messages. All youth who had the opportunity to be intimately involved in the project implementation process became more confident and more able to utilise health services. But, there were many youth who could not directly participate because of personal time constraints and the general coverage of the project; these youth are still in need of capacity support. Sustaining behaviour change depends on a number of factors that are sometimes beyond the control of an individual. These factors necessitate a multi-pronged approach that is sustained over a longer period of time. Therefore, the project in terms of both coverage

and duration, was too short to draw specific conclusions about its effectiveness. However, some early results, particularly the increased confidence of youth, increased condom promotion, enhanced youth action at the local level and increased social acceptance of discussing HIV/AIDS, indicate that the project is headed in the right direction.

### **B. Management of the Project**

Decentralised planning and involvement of youth in all stages of the project cycle are some of the sustainable approaches seen in YEOP. The YAG was formed so that the youth could manage project activities, thereby extending the benefits of project outcomes to youth and the general community. Essentially, each YAG was to develop its own specific plan and implement it; this did not happen for various reasons. The YAG co-ordinators as a whole, however, developed a joint plan of action for all YAGs and implemented it in collaboration with community members and YAGs. It appears that YAGs did not have the capacity to develop their own specific plans or to implement YAG-specific activities. Thus, the capacity and role of social mobiliser need to be strengthened and complemented by full-time supervision and support from a capable programme officer.

### **C. Capacity Input**

A number of capacity inputs were provided to the YAG co-ordinators who, in turn, were expected to share and facilitate similar activities in their respective YAGs. The YAG co-ordinators were not able to do so, largely because of short duration of the project and their workload. The effect of the capacity input to larger YAG members is mixed, consequently their full involvement in project management is also limited. Notwithstanding, the effect of capacity inputs to the YAG Co-ordinators is fully visible both in terms of their skill, confidence, and changed behaviour. Inputs of similar nature need to be expanded to other YAG members too. Therefore, a framework that allows a direct support and capacity building input to specific YAGs is also necessary.

### **D. Linkage Building**

The project had anticipated building linkages and relationships with local institutions and local community leaders. The linkage building with local health institutions was limited to a few short interactions and invitations to formal YAG activities. YAGs established relationships with local leaders through the municipality and the VDC by informing them of YAG activities and utilising VDC facility for YAG events such as meetings, seminars, street drama, etc. There is great need and potential for linkages that help promote safer behaviours among youth. Therefore, a framework that links YAGs with local institutions in a more functional way (e.g. local people in advisory or management committee) is essential.

## **Introduction of the Project**

The number of HIV/AIDS cases in Nepal continues to rise. Currently, the official estimate of people living with HIV/AIDS is about 58,000, more than a 50% increase in the numbers of people infected with HIV/AIDS between 1998 and 2001 (NCASC 2001). A 2002 report from UNAIDS estimates that at least 18% of young people in Nepal, between the ages of 15 and 24, are infected with HIV.

Keeping these figures in mind and building upon the experiences of the Youth Project piloted in Udayapur District, the Nepal Red Cross Society and CEDPA/Nepal jointly designed this project to be implemented in Balkot Village Development Committee (VDC) and Thimi Municipality of Bhaktapur District. The goal and objectives of the project are as follows:

### **Declaration of Commitment**

By 2005, ensure that at least 90%, and by 2010 at least 95% of young men and women aged 15 to 24 have access to the information, education including peer education and youth –specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection

*[Paragraph 53, UNGASS on HIV/AIDS June 2001]*

### **Goal:**

Enable youth (15 – 24 years old) to practice behaviours to prevent HIV/AIDS and STI infections.

### **Objectives:**

1. Increase access of youth to information about the prevention and transmission of HIV/AIDS and STIs;
2. Increase capacity of youth to communicate their needs regarding information and HIV/AIDS and STI services; and
3. Increase the ability of youth to access youth-friendly health care services for the treatment of STIs.

The overall approach to the project was “participatory”, where youth directed the project based upon their needs and the socio-economic and cultural context in which they live.

### **Purpose of the Assessment**

The purpose of the rapid project assessment, as stated in the terms of reference (TOR), is as follows:

- To document the project process and results for future use.
- To document the learning process of the target group, their reflections on the project, analysis of what worked (or did not work) and the lessons learned.

- To provide suggestions for improving boys' access to and use of services for the prevention, treatment and care of STIs and HIV/AIDS;
- To examine the improvement in boys' knowledge of and attitudes about STIs and HIV/AIDS prevention, as well as treatment and care;
- To assess the ability of youth to access health care services for the treatment of STIs and HIV/AIDS.

### **Background of the Project Area**

Thimi and Balkot are situated along the Arniko highway to Bhaktapur and other major areas such as Nagarkot, Dhulikhel and Tatopani (a town bordering Tibet). Thimi is an ancient city with its own socio-cultural identity; Balkot VDC is among the very few with good access to education, health services and other amenities. Located close to major urban settlements of Kathmandu, Nepal's capital, these two areas supply a substantial amount of vegetables and other agricultural products to Kathmandu residents. In addition, about 50% of the population in these areas work in the service sector and are employed by schools and government agencies.

Since both areas are very close to Kathmandu, urbanisation influences the lifestyles of the people living in Thimi and Balkot. The effect of urbanisation is quite visible as people from all over Nepal are settling there, bringing much diversity and change. While the new socio-cultural and economical diversity has brought new economic and employment opportunities to the area, the concepts of "community" and sense of social harmony are changing. The pattern of family and community control and support to the young is changing as well, potentially exposing youth to a new range of activities, including those that involve high-risk behaviours. The local inhabitants witness the flow of "outsiders" into the areas and most of the "evils" in the communities are associated with the "outsiders" who have permanently settled in the two areas.

### **Methodology of the Rapid Impact Assessment**

The rapid assessment consisted primarily of discussions with selected youth, representatives of YAGs, and other young people in the area. Participatory methods and tools were used, particularly focus group discussions (FGDs) and mapping exercises. An effort was also made to include some key informants such as schoolteachers, parents, teachers, sponsors, Red Cross representatives, and key community leaders. In addition, three case studies were drawn to illustrate the impact made at the individual and community levels and the group action that changed risk behaviour of youth. Project documents and other relevant materials were also reviewed. In summary, the methodology consisted of:

- Use of participatory methods for data collection together with interviews, observations and focus group discussions.
- Three case studies of boys from the target group and a local housewife.
- Discussion with key informants, Red Cross representatives, and key community leaders.



Altogether, there were 162 members in 18 YAGs and over 40 JRC members in two Junior Red Cross Circles (school-based). While all efforts were made to have a representative sample, however the researchers were unable to meet most YAG members or to interview many local representatives. During the study almost all YAG co-ordinators were interviewed; they also participated in data collection and analysis. Given these constraints, the findings of this study cannot be generalized from YAG members to the community as a whole.

### **Implementation Process and Major Activities**

Initially, the project was designed to be nine months in duration, but it turned out to be a six-month long project. The actual implementation did not start until late December and this delay had profound ramifications on many aspects of the project.

The implementation process was governed by the ultimate philosophy of building the capacity of youth to make their own decisions. As such, every step of implementation was participatory and youth had “full say” in the whole process. The Red Cross Central Team, with the support of the district branch, provided training inputs and assumed the role of facilitator in the whole process. Two social mobilisers (one each from Thimi and Balkot) were hired and trained to ensure continued support to the group. Similarly, a full-time staff member was placed at Bhaktapur District Branch to facilitate the project with the support from Red Cross Headquarters Team. In summary, the following key activities were undertaken:

1. **Introductory Meeting**

An introductory meeting was held at the District Branch at Bhaktapur to inform stakeholders about the project and roles of different players. The youth of Balkot and Thimi, as well as other key persons, attended the meeting.

2. **YAG Group Formation**

18 YAG groups were formed with a total of 162 members.

3. **Participatory Work Plan**

Two sessions were held to develop need-based and context-specific plan. Based on the results of the two sessions, some of the training contents were changed.

4. **Participatory Baseline Study**

A complete report highlighting health priority, risk factors, health contacts, mobility patterns and other related information was prepared. The process was highly participatory. The process itself was enriching and youth learned how to use different participatory tools and methods.

5. **Training**

Eighteen YAG members participated in each of the following training sessions: street drama, Training of Trainers (TOT), leadership training, elementary HIV/AIDS training, and basic counselling. These are the basic capacity inputs made available to the YAGs.

**6. YAG Activities**

YAGs implemented the following activities between January and June 2002, with technical and material support from the project:

- 🕒 Street Drama – in many different places
- 🕒 Health check-up
- 🕒 Eye camp
- 🕒 Blood donation
- 🕒 Competition
- 🕒 Wall newsletter
- 🕒 Condom and IEC distribution
- 🕒 Counselling and referral (informal)
- 🕒 Youth seminar- organised, conducted and attended by the youth groups. About 300 students, local authorities and representatives were present at the seminar, including representatives from CEDPA, the director of NCASC, the director of the Family Health Division, the secretary general of Red Cross HQ.
- 🕒 First aid camp – during local *mela* and festivals

**7. Monitoring**

During their meetings, the YAGs regularly reviewed the programme and their achievements; they also informed the sub-branch or district branch of their concerns. Likewise, Red Cross Headquarters staff also visited regularly to meet and assess the progress in collaboration with the youth.

**Major Findings**

**1. Knowledge, Attitudes and Behaviour**

In a participatory exercise, the youth assessed the changes they have personally noticed over the project period. They reflected on their knowledge from six months ago (before the project began) and compared that with their present level of knowledge regarding HIV/AIDS, STIs and other sexual health problems. Invariably, they have noticed a number of improvements both in their own knowledge and that of their friends. Some of the members are still not particularly knowledgeable about sexual health problems; group members tried to clarify some of these issues during the assessment. One of the notable misconceptions was that one could contract an STI through masturbation.

Changes in attitudes, behaviour and motivation among the youth are quite remarkable; this has been verified by the local leaders and community members alike. Youth are now less shy, more confident and more motivated to help community members and friends with both health and non-health issues. There are many instances where youth have helped their friends by way of giving them correct information, giving them condoms, guiding them to a health facility, and advocating for positive changes to their risky behaviours. When they have the opportunity, youth utilise their new knowledge and skills. The skills gained during street drama training are being utilised to pave a career path in acting. The trained youth are utilising their knowledge to provide additional information to the school students. Local decision-makers say that youth have become

much more active in many fields and have developed a “sense of social responsibility”. This is probably the most notable observation by local people who may not have seen the youth activities.

Youth also feel that they are now more empathetic towards people who need help, particularly those who are disliked by the community for their seemingly high-risk behaviour. Very recently, some of the youth members met an HIV+ person who was very sick and looking for support; the youth offered to assist in whatever way they could. As one of the youth admitted, if they had not received the training and motivation during the project period, they would have most likely avoided such person or request.

## **2. Utilisation of Health Services**

Utilisation of health services varied greatly and was largely determined by factors such as distance, seriousness of health problems, behaviour of health care providers, cost of health services and motivation to seek care. During the baseline study, youth mentioned that most of their day-to-day health problems are handled within the village by either traditional healers or at the local health post. They visit the bigger hospitals only when there are complications. Youth and local health care providers mentioned that the local people do not usually report to the local health facility (private or otherwise) for STIs because they fear lack of confidentiality. For this reason, some of the youth referred one of their colleagues to Chhetrapati Clinic at Kathmandu but not to the local health facility. Local health practitioners see few cases of STIs in their clinics or pharmacies – and the people reporting are not from Balkot or Thimi.

Clearly, building linkages with local health care providers is very important. Although the initial design of the project included a plan to train health care providers in the project area, this activity was cancelled when the health post management committee did not see the need of such training for health post staff. In addition, neither YEOP youth nor the Red Cross Chapter gave enough attention to building relationships and trust with local health care providers. Traditionally, building this type of trust between with the health system has been one of the major challenges in Nepal. Therefore, the response in this project area is not an exception. Notwithstanding, the linkages and trust with traditional healers have not changed and are still very strong. Many youth visit the local healers and are also taken to these healers by the family members when they are not well. Some of the local traditional healers do have very positive feelings towards the effort of the youth who are taking a very big responsibility in stopping the spread of HIV/AIDS and STIs.

## **3. Reflection on Project Implementation Process**

### **Relevance**

Keeping in mind the rapid increase in HIV infection among young people, government, NGOs, and donors are seriously considering scaling-up interventions that address high-risk behaviour groups and youth. In this vein, the government (NCASC) has recently finalised the National Strategy for HIV/AIDS prevention in Nepal. The situation analysis done earlier by NCASC clearly underscores young people’s vulnerability as an urgent area for attention; hence, there is a need to expand the prevention programme to youth. Recent government data of HIV prevalence among sex workers (17%) and IDUs (70%)

of Kathmandu is alarming. HIV/AIDS follows a predictable pattern of infection; when prevalence is more than 5% in any particular subgroups, it spreads through ‘bridge populations’ into the general population within short span of time (3-5 years).

Balkot and Thimi are among the few areas around the capital city that are highly influenced by urbanisation. A major highway cutting across these two areas have introduced new opportunities and challenges to the people of Thimi and Balkot.

Limited knowledge about HIV/AIDS and the presence of untreated sexual diseases, high mobility of youth due to unemployment, low utilisation of health services for early treatment of STIs, increasing number of Cabin restaurants along the highway and increasing prostitution are some of the factors contributing to vulnerability of youth. In addition, the Participatory Baseline Study conducted at the beginning of the project revealed that alcohol drinking and hashish smoking are also among the high-risk behaviours of youth. The YEOP was designed in a way to have youth realise their vulnerability and play major role in planning and implementing the project activities. In this sense, the external support from CEDPA and Red Cross was only a “catalytic” one.

### **Effectiveness**

Effectiveness of this intervention is assessed in terms of completion of planned activity in the time allotted and the level of involvement of YAG members at all stages of project cycle management.

*Table 1* summarizes the activities implemented during this project. Based upon the specific needs of the youth and the changing context of the areas, changes were made to the planned activities over the project period.

## Critical Observations

Table 1.

<b>Objective 1</b> <b>Increased access by youth to information about the prevention and transmission of HIV/AIDS and STIs</b>		
<b>Indicators</b>	<b>Activities Completed</b>	<b>Observation &amp; Comments</b>
Increased availability of and access to information on HIV/AIDS and STIs	<p>Assistance in the management of IEC materials (development, adaptation, collection and purchasing of materials)</p> <ul style="list-style-type: none"> <li>☞ Participatory Baseline Study to assess information need and situation of youth</li> <li>☞ Already published IEC materials adapted and distributed</li> </ul>	<p>IEC materials produced by Red Cross and other organisation were collected and some selected materials were distributed. However, none of the YAG members had stock for further distribution. Red Cross sub-branches had some materials in stock.</p> <p><b>Stock of IEC materials were inadequate.</b></p>
Increased capacity of youth groups to disseminate information on HIV/AIDS and STIs.	<ul style="list-style-type: none"> <li>☞ YAG members received training on Street Drama (SD). Following the training, SDs were organised in various places within the village and outside</li> <li>☞ YAG members distributed IEC materials among youth</li> </ul>	<ul style="list-style-type: none"> <li>☞ SDs are one of the most effective, well-appreciated and acceptable activities by youth, which has clearly shown its effect in the community.</li> <li>☞ IEC materials seem inadequate to address all the problems related to RH</li> </ul>

**Objective 2**

Increased capacity of youth to communicate their needs regarding information and services for HIV/AIDS and STIs.

Indicators	Activities Completed	Observations & Comments
Proportion of youth trained in group formation, management and leadership	<ul style="list-style-type: none"> <li>18 YAG formed and 2 JRC included in the project</li> <li>3 days of training covering: leadership, group facilitation and management conducted</li> </ul>	Most important component of capacity building. Inadequate coverage in each topic due to short time. Trained YAG member did not train or orient other members in the group. <b>Limited sharing of training to other YAG members.</b>
Proportion of youth groups sustaining activities and engaged in on-going planning and development of activities.	<ul style="list-style-type: none"> <li>YAG met formally and informally, although not very frequently. They discussed some activities to be implemented in their areas.</li> </ul>	Youth meetings were not very regular and not well co-ordinated, despite the fact that the number of meetings were reported. The support required to manage the meeting was not available except for the social mobiliser's presence during the meeting. <b>Group support was inadequate.</b>

**Objective 3**

Increase ability to access youth friendly health care services for the treatment of STIs

Indicators	Activities completed	Observations & comments
Proportion of youth groups conducting regular advocacy work with local communities including regular communication with health post support committees regarding youth health care needs	<ul style="list-style-type: none"> <li>Two activities were planned: (1) training to health post (HP) staff, and (2) regular advocacy and meeting with HP management committees.</li> </ul>	HP staff training was not implemented, because HP Management Committee did not see the need of such training. Therefore, the linkage with HP is extremely limited, although HP staffs are aware about some of

		the YAG activities. <b>Linkage building was weak.</b>
Proportion of youth groups trained in and providing counselling and referral for HIV/AIDS and STIs	<ul style="list-style-type: none"> <li>🕒 3 days of Counselling Training</li> <li>🕒 Discussed referral framework</li> <li>🕒 On-going support</li> </ul>	Basics of counselling occasionally used, but referral is not regular and no referral framework was developed. <b>On-going support was inadequate.</b>
Proportion of peer educators trained in and providing syndromic case management for HIV/AIDS and STIs	🕒 Syndromic case management training postponed	Better communication developed among the youth and they are regularly discussing HIV/AIDS and STI issues, but not as peer educators. <b>Better communication was established.</b>
Proportion of youth able to obtain condoms	🕒 Condoms were made available to YAG through Red Cross sub-branches	Condoms are widely available and local people often contact youth for condoms. Condom utilization has increased. <b>Condom distribution impressive.</b>

### Youth Involvement

This programme was designed to be youth-centred by placing youth in key roles and others are seen in supportive roles. Youth were involved in a number of ways and stages from the introductory meeting. Once the concept was shared and understood, youth were encouraged to form a YAG from the same locale with youth of similar interests and needs. Selected YAG members were also trained in various areas such as leadership, counselling skills, street drama, etc. Once the selected YAG members were trained, the group prepared a plan of action, with support from the Red Cross sub-branch of the area, and implemented the plan.

During this process, an effort was made to involve most of the YAGs. One of the major constraints was the short duration of the project, which made it difficult for YAG co-ordinators to involve all the YAG members. There was a joint plan of action for each area (e.g. Balkot and Thimi), but YAG-specific plans of action were not available. It was difficult, therefore, to determine the level of involvement of all nine YAGs in the whole process. It is clear, however, that the existing plan of action was developed jointly by the

social mobilisers, co-ordinators and YAG members representing all nine YAGs of an area. JRC members were also involved.

In all four major training inputs offered to the YAG (leadership training, street drama, counselling, elementary HIV/AIDS), mostly YAG co-ordinators attended the training; the majority of other YAG members did not receive any training. YAG co-ordinators who had received such training did not further orient the other members within their YAGs to the contents of their training. Despite access to basic information about HIV/AIDS and STIs (through a booklet and IEC), YAG members' involvement in the project process was very minimal. But all 18 YAG Co-ordinators and some other active members were especially involved during last 6 month-period of the project. In summary, there would have been a great opportunity and potential to involve all YAG members in series of events had there been enough time and support.

#### **4. Major Lessons Learned**

This project has been very interesting and has offered a great learning opportunity for all stakeholders, especially the youth. Moreover, there have been very few experiences in Nepal in HIV/AIDS prevention projects where youth are the active implementers and not simply the passive recipients of project benefits.

#### **Project Duration**

Initially, the project was designed to last for nine months, but its actual duration was six months. In December 2001, the project's introductory meeting was held and YAGs were formed. Field activities started in January 2002. Just as the project started to gain momentum, the project concluded. This short duration had many implications, particularly in the maturing of YAGs. Although most of the specified activities in the original project plan were completed, the YAGs had not yet begun functioning on their own. In that sense, it is yet to be seen how YAGs might continue activities in future. Similarly, due to the short project duration, it is too early to draw any conclusions about the project impact, but initial results show some early indication of changed behaviour.

#### **Group Dynamics**

That YAG members come from the same area and share common problems and interests does not necessarily mean that they behave similarly and that their conduct is acceptable to all members. Moreover, the close kinship, a common feature of the area, also affected the functioning of the group; most of the group members come from same locality and often are closely related. The YAG co-ordinators who were selected by the group members demonstrated high motivation following their participation in training. They tried to build team spirit within the group. However, since most of the YAG members were school-going youth and the co-ordinators were normally studying in college outside the village or community, the nature of the relationship between YAG members and the co-ordinator was not always friendly. These relationships were more "junior-senior" relationships than peer relationships. For the YAGs to grow, a number of discussions, joint planning, implementation activities, capacity building inputs, and rotating responsibility, including changes in leadership and interaction with outside groups, would be necessary elements. Although some of these elements were present in the project



implementation process, the total duration and coverage of the project was inadequate for nurturing the groups' growth. Nevertheless, the group motivation and cohesion was very high, despite some confusion and disagreement within the group. The concept of YAG has been instrumental in bringing the youth together on a common platform with renewed motivation for action and sense of belonging.

### **Behaviour Change**

Changes in knowledge, attitudes and behaviour are quite visible among the youth who participated in the process. The changes in behaviour are seen not only among the YAG members, but also in other youth in the community. Changes are observed not only in their safer sexual behaviours and reduction in personal vulnerability, but also in their increased confidence while dealing with outsiders and making decisions. The short duration of the youth project, with activities specifically targeted to youth, appears to be effective in changing behaviours among this group. It is however essential to dedicate additional time and resources for monitoring their ability and motivation for sustaining such changes.

### **Gender Relationships**

The project primarily focused its activities on boys. The motivation behind this was to develop responsible males who can take care of themselves and behave responsibly towards women both within and outside the family. Except for girls from the youth members' school or community who showed interest in the youth project and had asked YAG members about condoms, girls' involvement and interaction in the project was insignificant. Similarly, the capacity inputs did not specifically focus on gender relationships; therefore, whatever understanding the youth developed related to gender issues is independent of project inputs. In discussions, boys stated that they do feel superior to girls of same age group. Although at times boys expressed their desire to understand women's reproductive health issues (indicating some interest in women's health issues) the reason behind such expressions is not clear. However, youth, local decision-makers and health care providers have categorically expressed the need to involve girls in YAG. This indicates the desire of equal distribution of the project benefits to the girls. Despite some evidence of increased positive attitudes towards women, there is generally gender bias in many social and youth-related behaviours – an indicator of deep-rooted social values. The influence of project inputs toward creating gender equality and sensitivity is inconclusive.

### **Sense of Social Responsibility**

"The programme not only has given enough knowledge on HIV/AIDS and STI, but most importantly has helped develop a 'sense of social responsibility' among the youth. This is more sustainable than anything and most impressive achievements of the programme."

- A satisfied parent of YAG member and a civil servant -

Thimi

### **Project Management**

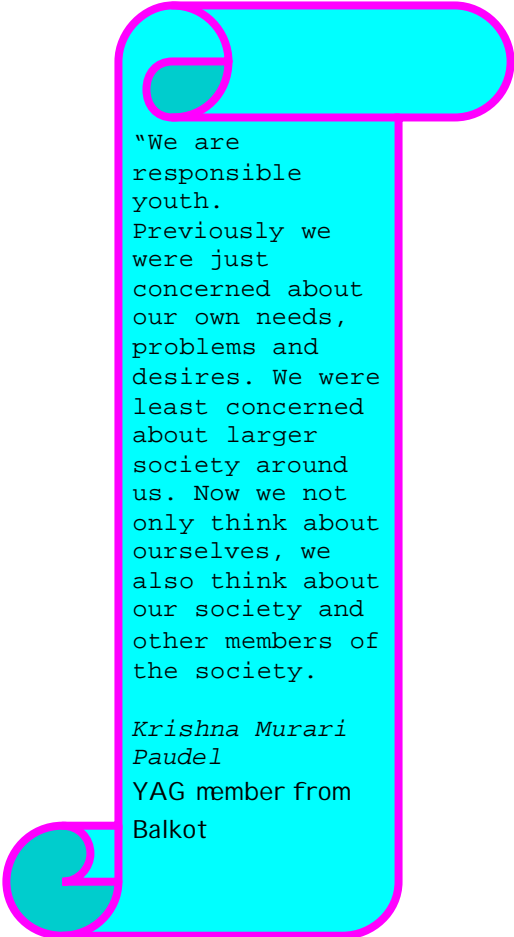
The project was designed to be highly participatory and decentralised with the active involvement of youth. Youth were involved and took a major role in many aspects of project management and implementation. Various stakeholders had decision-making roles in project management.

While YAGs have been planning and implementing local-level activities based on their own interests and capacity, the push for such initiatives normally originated with the social mobiliser. Therefore, the role of social mobiliser is very crucial. While documenting the achievements, both YAG members and social mobilisers documented only those activities that were visible (e.g. street drama, poster display, Well newsletter). Other less visible activities (condom distribution, advice given, peer education) were not well documented. Clearly, a reporting and documentation framework is necessary. Further, most of the activities seem to occur around the time of the training or immediately after the training. Invariably, it is absolutely essential that support is available to motivate youth to continue the activities in the area.

For the Red Cross, the implementation modality for youth projects is primarily school-based. Forming youth groups outside of schools is new to the Red Cross, but this method can be replicated in other districts and programmes.

Some YAG members see the potential to develop the YAGs into Junior Red Cross or Youth Circle. Such a development could lead to the creation of a cadre of young volunteers or would assist in the promotion of Red Cross' philanthropic philosophy within youth groups.

Another dimension of management is the involvement of local decision-makers in this project. While local decision-makers have expressed satisfaction with and appreciation for what youth have done in the area, their involvement is non-existent. There are many influential individuals in the community, who, if given opportunity, could support youth in their effort to maximise the project benefits and increase the level of acceptance of HIV/AIDS and STI messages.



"We are responsible youth. Previously we were just concerned about our own needs, problems and desires. We were least concerned about larger society around us. Now we not only think about ourselves, we also think about our society and other members of the society.

*Krishna Murari Paudel*  
YAG member from Balkot

## **5. Sustainability**

The meaning and understanding of and perceptions about sustainability vary greatly among the Red Cross chapters, youth members and local decision-makers. Among implementing partners, the emphasis is placed on financial sustainability. The youth and the local decision-makers in the field view sustainability in terms of their ability to continue the organisation and the activities in their respective YAG areas. Financial sustainability is of paramount importance to YAG members who do not think that their organisations and activities can continue in the absence of external financial support.

The initial project proposal and subsequent reports do not define or draw any guidelines on sustainability. During the impact assessment, youth were encouraged to collect their thoughts and to think of way that the project activities and benefits could be sustained.

Primarily, they see sustainability in terms of continuing the organisation in whatever form is possible. Since the programme is heavily influenced by the Red Cross philosophy and the organisation's working style, one idea from the youth is to form a Junior Red Cross chapter or a Youth Red Cross Circle. Through this mechanism, they can continue the project activities by linking with larger Red Cross family nation-wide. Another idea included registering the YAGs as NGOs. Many youth thought that since they had already organised into some kind of institution, getting legal recognition as an NGO would be an appropriate move towards institutional sustainability.

Other dimensions of sustainability were also discussed, particularly the notion of sustaining the attitudes and behaviour changed over the project period. Most of the youth clearly expressed that the changes they have undergone over the period would be sustained throughout their lifetimes. Some youth said that the skills they gained through the project are now being utilised in their day-to-day lives. The emphasis of community members was also on long-term gain rather than on short-term visible benefit.

In the context of HIV/AIDS, evidence of the sustainability of the project benefits is seen in the increasing acceptance of the condom and of discussion about sex/sexuality in the family and the community. As observed by the youth, community leaders and Red Cross officials, many families are now open to discussion about condoms. People listen to radio jingles about HIV/AIDS/STIs and similar issues, and parents allow their children to attend sessions on STIs and HIV/AIDS. Clearly, communities are sustaining the changes introduced by the project. Although all these achievements cannot be solely attributed to YEOP, youth efforts (particularly the street drama) deserve special credit. These efforts have definitely contributed to the acceptance of messages on difficult issues like HIV/AIDS and sex/sexuality.

In assessing sustainability, a common framework for the youth and stakeholders is likely to enhance the monitoring process and guide the future course of action. Some indicators of sustainability at the local level could be as follows:

- Changes in risk behaviours (e.g. consistent use of condom, reduction of sex partners, early treatment of STIs etc).

- Community acceptance of HIV/AIDS as a social problem and no discriminatory behaviour shown by the society.
- Combined and co-ordinated effort at all levels for prevention activities.
- Youth, adolescent and PLWHAs are allowed to voice their concern at all levels and allowed to participate fully in the activities that affect them most.

#### 4. Case studies

##### **Case 1: Group Effort**

##### **Joint effort changed ‘joint’ smoking habit**

Peer pressure changed risky behaviour

Some energetic YAG members succeeded to stop their friends’ risky behaviours (e.g. hashish smoking)

Eight youth in Balkot VDC, (4 YAG members) aged 18 – 22, had smoked hashish for the past three years, and the two of them were severely addicted to drugs. The young men were employed as an electrician, a photocopy maintenance technician, a painter and in other occupations. From early morning on, they smoked hashish very frequently (7-8 times a day). Apart from smoking hashish, they also drank alcohol and took addictive drugs such as Faxigon (cough syrup) and Nitrosome tablets. They borrowed money from friends and spent most of their time in areas where such drugs were available. They usually avoided family members and friends and were often seen quarrelling with strangers and workers within the community. Their family members knew about this behaviour but could not do anything to stop them.

In March 2002, some of the YAG members, who were good friends of those addicted, decided to change the habits of the eight boys. The YAG members met with the boys several times and tried to determine what actions would bring about positive changes. In the Balkot area, gym activities and bodybuilding are quite popular. The YAG team, therefore, convinced the boys to join the gym and raised the money to pay their gym fees.

The YAG members put forth the condition that if the boys were seen smoking the hashish again, their gym fees would not be paid. The boys agreed to the condition and started to go to the local gym. Every morning, YAG members met the boys and brought them to the gym. During evening and daytime, YAG members closely watched the boys’ activities.

After nearly three months of this effort the boys have now changed. They have stopped hashish smoking and taking addictive drugs. They, however, occasionally consume alcoholic drinks, when supervised by the YAG friends. They are involved in household work and openly share their problems, including those related to sexual and reproductive health issues. The family members thanked the youth group for helping their sons. Now the boys are more optimistic and thinking about their ambitions and careers, as opposed to their previously pessimistic attitude, where they just talked about hashish and how to get money to buy it.

What made these boys change?

YAG members believed that these changes were brought about by:

- Peer pressure
- Realisation of deteriorating health
- A defined purpose (Gym and bodybuilding)
- Support of friends and sense of belonging to a group
- Reduced feelings of isolation and neglect
- Family members' encouragement (at later stage)

### **Case 2: Individual Motivation**

#### **Drawing teacher being innovative**

Dikesh Bajryacharya, a 23-year old YAG member of ward 14 in Thimi municipality, recently joined a local school (Binayak Shiksha Niketan) as a drawing teacher. He had completed a bachelor's degree in sociology and took extra classes in fine arts. As a co-ordinator of a YAG group in his area, he has received leadership training and some orientation on HIV/AIDS. Although he had read booklets and materials on HIV/AIDS prior to his membership in the youth group, his session with Red Cross Team during the YAG activity provided him an opportunity to clarify any confusion and misconceptions he might have had.

He was so motivated that he was consciously looking for an opportunity to disseminate HIV/AIDS/STI messages to youth. He could not find any better place than his school, a place where youth and adolescents can be given the correct information about HIV and be easily motivated. He gradually started to deliver HIV/AIDS and STI messages while teaching drawing lessons to the students. He used appropriate drawings and translated them into HIV/AIDS messages. So, while he was teaching drawing, he passed on valuable information related to HIV/AIDS and STIs.

His method is quite interesting. First he divided the class into smaller groups and asked every group to discuss a given topic related to HIV/AIDS. The topics could be condom use, prevention, care, risky behaviour and so on. Once the group was clear about the concept, group members drew pictures to represent their concept and then presented them to the larger group. Having seen the teacher's interest in and understanding of the subject, the school asked him to teach HIV/AIDS sessions to other classes as well. The school used to bring outside health personnel whose teaching methods did not interest the students, but since Dikesh started presenting, sessions have become much more interesting and lively.

Dikesh concluded that young children and adolescents are much more frank than youth of his own generation and readily accepted the new ideas. Further, discussion and drawing made HIV/AIDS discussions more interesting, since the students could show their creativity, level of understanding and confidence in sharing their views. He has learned that pictures and words can be used to convey complex messages and that one approach alone is not always adequate.

**Case 3: Conscientious Housewife**

Kamala (not her real name) is a 22-year old mother of two children who has a basic education and lives in Thimi with a joint family. Her husband, a car mechanic, is also competitive in karate and often travels to take part in different competitions within and outside of Nepal. A few months ago, her husband went to India to take part in a karate competition. Knowing this, Kamala slipped a few packets of condoms in his travel bag without letting him know.

Before going to India, he met some friends in Sport Council, where he opened his travel bag. When the packets of condoms were found in his travel bag, his friends commented. He was so embarrassed that when he came back home he was very angry with his wife. Kamala simply said that it was for his own protection. Other family and community members appreciated Kamala's effort and were very pleased to see such a conscious effort from her.

Kamala learned about condoms through her close relative Mr Bharat Shrestha (social mobiliser of YEOP), who shared booklets and information about HIV/AIDS and STIs with his family members. She later saw a street drama staged by YAG, which further motivated her to take an active role in the community. In addition to this, a few months before, there was a rumour that a person who had come back from working in Malaysia died because of AIDS. This motivated her to distribute condoms. For other reasons, her husband is not staying with her now; therefore, she is voluntarily distributing condoms and offering information to other housewives in the community. Whenever she meets YAG members, she expresses her interest to be active in this field and is eager learn more about HIV/AIDS and STIs.